
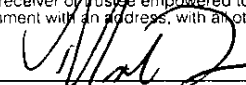


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90011 049 \*\*\*150.00

DOCUMENT # F02000000893					
1. Entity Name EQR-LINCOLN VILLAGE III VISTAS, INC.					
Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606			Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3907898	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, STEPHEN M	NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS			
CITY - ST - ZIP	CHICAGO, IL 60606	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHIPPS, JAMES	NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS			
CITY - ST - ZIP	CHICAGO, IL 60606	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESTI, PATTI	NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS			
CITY - ST - ZIP	CHICAGO, IL 60606	CITY - ST - ZIP			
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUMAN, BARBARA	NAME	VAS LAPELLE, MICHELE		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS	2 N RIVERSIDE PLAZA		
CITY - ST - ZIP	CHICAGO, IL 60606	CITY - ST - ZIP	CHICAGO, IL 60606		
TITLE	VDST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENBERG, ARTHUR A	NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS			
CITY - ST - ZIP	CHICAGO, IL 60606	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered					
SIGNATURE: 		MICHELE LAPELLE		4.27.07 312 4741300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	